

**Minute of virtual meeting of the  
East Renfrewshire Integration Joint Board**

**held on Wednesday 26 June 2024 at 2.30pm**

**PRESENT**

Anne-Marie Monaghan	NHS Greater Glasgow and Clyde Board (Chair)
Mehvish Ashraf	NHS Greater Glasgow and Clyde Board
Lesley Bairden	Chief Financial Officer, IJB
Caroline Bamforth	East Renfrewshire Council
Claire Fisher	Clinical Director
Jacqueline Forbes	NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy	Third Sector Representative
Geoff Mohammed	Carers Representative
Andrew McCready	Staff Representative (NHS)
Julie Murray	Chief Officer, IJB
Councillor Owen O'Donnell	East Renfrewshire Council
Councillor Katie Pragnell	East Renfrewshire Council (Vice Chair)
Raymond Prior	Chief Social Work Officer
Lynn Siddique	Lead Allied Health Professional
Julie Tomlinson	Chief Nurse

**IN ATTENDANCE**

Pamela Gomes	Governance and Compliance Officer
Tom Kelly	Head of Adult Services: Learning Disability and Recovery
Steven Reid	Policy, Planning and Performance Manager
Jennifer McKean	Senior Manager: Intensive Services and Justice
Lee McLaughlin	Head of Adult Services: Communities and Wellbeing

**ALSO IN ATTENDANCE (Items 1 – 7 only)**

Ann Forsyth	Head of Primary Care Support (NHS GGC)
Allen Stevenson	Interim Director Primary Care & GP Out of Hours (NHS GGC)
Ann McMillan	Primary Care Transformation Manager (HSCP)

**(1) APOLOGIES FOR ABSENCE**

Councillor Paul Edlin	East Renfrewshire Council
Dianne Foy	NHS Greater Glasgow and Clyde Board
Barry Tudhope	Democratic Services Manager

**(2) DECLARATIONS OF INTERESTS**

1. Councillor Pragnell intimated a declaration of interest in respect of agenda item 12. Finance and Policy Implications for Foster Care, Kinship and Adoption. It was agreed that she would leave the meeting for this item.

### **(3) MINUTE OF PREVIOUS MEETING: 27 MARCH 2024**

2. The Committee considered and approved the minute of the meeting held on 27 March 2024 subject to a minor amendment on page 4 where the word 'home', in 'care home contract' was misspelled.

### **(4) MATTERS ARISING**

3. The Chief Officer confirmed that there were no matters arising from discussions that had taken place at the March meeting which were not covered under other agenda items.

### **(5) ROLLING ACTION LOG**

4. The Committee considered a report providing details of all open actions and those that had been completed since the last meeting. The Chief Officer confirmed that 5 actions remain open. In respect of action 430, the Chief Officer noted that it is not possible to hold future meetings solely in person. The HSCP does not have premises with hybrid capability nor the funding available to invest in technology however we are exploring options within other Council premises.
5. Anne Marie Kennedy requested that we have at least one in-person/hybrid meeting per year. Geoff Mohammed noted that should we hold hybrid meetings in future it is crucial that there is good audio.
6. The Board noted the report.

### **(6) MINUTE OF PERFORMANCE AND AUDIT COMMITTEE HELD 27 MARCH 2024**

7. The Chair confirmed that the Performance and Audit Committee had endorsed the minute of the March meeting as a correct record prior to this meeting.
8. The Board noted the minute.

### **(7) NHS GGC PRIMARY CARE STRATEGY AND IMPLEMENTATION**

9. The Integration Joint Board received a presentation by Allen Stevenson, Interim Director for Primary Care and GP Out of Hours, and Ann Forsyth, Head of Primary Care Support, on the new Primary Care Strategy for NHS Greater Glasgow and Clyde (GGC). The strategy was approved by the NHS Board in April 2024 and is being presented to all IJBs within Greater Glasgow and Clyde as part of the strategy launch.
10. Allen Stevenson provided an overview of the strategy which is the first primary care strategy for NHS GGC, and only the second to be developed in Scotland.
11. Primary Care in the widest sense accounts for 80% of all NHS activity across general practice, community dentistry, optometry and pharmacy and accounts for 20% of the overall NHS budget. Challenges in primary care include prescribing, population health and workforce.

12. The strategy aims to establish and grow an all systems approach across primary care, building on existing good practice. The 3 main areas in strategy are optimising workforce, digitally enabled care and effective integration. Wider areas include improving communication, strengthening prevention, enhancing property and reducing inequality.
13. Ann Forsyth noted that the implementation of the strategy will sit within the NHS GGC Programme Board. A monitoring and evaluation framework has also been developed to measure progress and drive quality improvement.
14. The Chair thanked Allen Stevenson and Anne Forsyth for attending to provide an update, noting that 80% of activity with only 20% budget was interesting.
15. Hearing from Councillor O'Donnell, he advised he welcomed the strategy, particularly in relation to improving the patient experience. Whilst supportive of the transformation and digital front door he was concerned about the 4/5 year timeframe and asked if there was opportunity for some quick wins and acceleration, particularly in terms of self-prescribing and self-diagnosis. He noted that some residents experience difficulties obtaining GP appointments and there appears to be an inconsistent approaches between practices. He suggested there needs to be greater emphasis on social prescribing with consistent signposting which also links to digital front door.
16. Councillor O'Donnell also queried how realistic the aim to enhance primary care accommodation was given the 2 year capital funding freeze.
17. In response, the Clinical Director confirmed that patient self-diagnosis is available through NHS inform which has wealth of information and tools so we already have the foundation for this. She recognised the scale of the challenge to fully implement the strategy and that it is a fantastic vision. In terms of capital funding, she confirmed that there is hiatus and whilst some of the smaller funding sources such as improvement grants isn't readily available this financial year, it is hoped it will be available in future years.
18. Allen Stevenson also noted the challenges around property but is of the view that it needs to be included so we can be ready for any opportunities. He also noted that social prescribing does have huge benefits and has a valuable place in the suite of intervention.
19. In terms of the digital plans, he commented that he was hopeful we would see changes well within the five years. Ann Forsyth added there is linkage with national groups on data.
20. There was some discussion on accessibility. The full strategy will only be available digitally meaning the text is adjustable. However Ann confirmed that there is a programme of public engagement and they will be working with partners on a range of materials to update people on the strategy and its progress. Whilst digital access isn't specifically addressed in the primary care strategy, she noted that they are mindful that people should have a choice in the way in which they access services.
21. The Chief Officer advised that the results from the recent Health and Care Experience survey looked positive locally and suggested a report be brought to the IJB providing an overview of the data and access to primary care services. She also noted that whilst this is a board wide strategy, there are some particular local issues, such as demand and population growth that need to be addressed and hopefully we can work together to ensure these specific local issues are addressed.

22. Finally, Allen Steven wished to formally thank the Chief Officer, Clinical Director and East Renfrewshire team for their support and contribution to the development of the strategy.
23. The Board thanked Allen and Ann for attending and noted the report.

## **(8) UNAUDITED ANNUAL REPORT AND ACCOUNTS**

24. The Performance and Audit Committee Chair confirmed that the Committee had discussed the unaudited annual report and accounts at its meeting prior to the IJB, and the Committee agreed to remit to the IJB without any changes.
25. The Chief Financial Officer confirmed this report will form the basis of the audit by Ernst and Young and the audited report and accounts will be brought in September along with an easy read version. She further went on to advise that the cover report sets out the background, legislative requirements and the key messages.
26. She advised that the IJB has received detailed reporting throughout the year on financial performance and the recovery process itself, including the use of all possible reserves to mitigate costs. It will come as no surprise that financial recovery is the lead message for the year, both in the management commentary and in the governance statement. The challenges ahead recognise the scale of savings needed in 2024/25 and that the unachieved savings and operational pressures taken forward from 2023/24 must be resolved in 2024/25.
27. The £4.7 million overspend at year end was funded through non-recurring support from both partners; £2.6 million from East Renfrewshire Council and £2.1 million from NHS Greater Glasgow Clyde. The Chief Financial Officer noted her thanks from the Chief Officer and herself on behalf of the IJB.
28. In terms of reserves, the most important point to note is that we are in breach of our own reserves policy which states we should hold a general reserve at 2% of our budget. We know that we have been in breach of this in prior years too however we do not have the level of earmarked reserves we held before. The ring-fenced and earmarked reserves held are for specific purposes.
29. We know there is a tension between building and holding reserves whilst protecting front line services and delivering savings, however in the medium to longer term reserves need to be built back as part of long term sustainability.
30. The Chief Financial Officer ended by recognising our financial recovery position is the main element of the report and accounts but this also reflects the diverse range of services we provide, along with a balanced overview of the year's activities and the challenges ahead.
31. Councillor O'Donnell asked for confirmation in relation to the £2.6 million. The Chief Financial Officer confirmed that the covid funding provided by the Council for specific projects of circa £0.8million is additional funding however the 0.7 million agreed in year is part of the £2.6million. She also advised that restructuring costs haven't been included in the report as these are a council expense and therefore wouldn't normally include
32. In summary, the £2.6 overspend is against operational budgets and doesn't take into account covid or restructure funding.

33. With respect to hosted services, Councillor O'Donnell asked if the Learning Disability spend relates to East Renfrewshire only and it was confirmed by the Chief Financial Officer that as the host, it is the totality of the service that is included regardless of which HSCP areas the patients come from. The entire cost of any hosted services sits with the host HSCP.
34. In response to a question about the pilot year for LD Health Checks, the Head of Adult Services: Learning Disability and Recovery provided an update on the roll out of the programme, confirming that the pilot year is for the whole board area.
35. Councillor O'Donnell also queried why the percentage of people moving from drug treatment to recovery was so low. The Head of Adult Services: Learning Disability and Recovery advised he would provide further detail outwith the meeting but noted that in terms of progress against Opiate Substitution Treatment, the percentage is higher.
36. Councillor O'Donnell highlighted the sickness absence days. The Chief Officer advised that there has been a lot of progress particularly within care at home however our NHS performance has decreased, adding that a meeting is scheduled with the health board's Director of HR to discuss absence.
37. Owen's final comment was a spelling error within best value chart on page 148. The Chief Financial Officer confirmed this would be amended prior to submission.
38. There was discussion regarding the repetition between the annual report and accounts and the annual performance report. The Chief Financial Officer agreed with this point however added that there is specific guidance on sections which must be included within both reports. Cross referencing has previously been ruled out therefore to comply with best practice we will continue to have a degree of repetition.
39. The Integration Joint Board:
  - a) Agreed the unaudited annual report and accounts for submission to Ernst & Young subject to correction on page 148
  - b) Agreed and endorse the proposed reserves allocations
  - c) Note the annual report and accounts is subject to audit review
  - d) Agreed to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
  - e) Noted the summary overview of financial performance document will be presented with the audited accounts in September.
  - f) Noted their appreciation for the amount of work involved.

## **(9) MEDIUM TERM FINANCIAL PLAN**

40. The Chief Financial Officer presented the Medium Term Financial Plan which sets out the potential issues and costs pressures based on a series of scenarios through to 2028/29. The cost pressures range from £3.5 to £8.6 million in any one year based on what if rates of inflation and using a low, medium and high set of assumptions. The year with highest level of cost pressure is 2026/27 as the non-recurring gain from the reduced pension contribution will drop out then, however this is being planned for.
41. Unlike previous versions of this plan, there are no assumptions or modelling included for any settlement income to offset any pressures, as it is not possible at this time to

accurately project this given the uncertainty in the public sector financial landscape. However, the assumption that any specific policy decisions should be funded still stands.

42. The Scottish Government is expected to issue its medium term financial plan for health and social care in the coming months and our plan will be revised for this, or any other relevant information as it arises.
43. The future assumptions are also predicated on delivery of the required savings to balance the 2024/25 budget and progress is summarised in the report.
44. The Chief Financial Officer reminded the Board that we need £9.8 million to balance the budget and we are aiming to achieve savings of £11.9 million to allow for slippage, flexibility and planning ahead. We have £9.8 million of plans identified and are working on a further £2.1 million, related to our NHS funded pressures. To date we are reporting £3.4 million achieved.
45. We are also RAG rating our savings and whilst we have 27% of savings achieved we are showing that our red rated savings are still at 73%; partly to reflect the level of work ahead and partly to ensure we recognise the most prudent position. The summary detail of the savings progress is included at Appendix 3.
46. The Chair thanked the CFO for a robust and detailed report and it was confirmed that Appendix 3 was for 2024/25.
47. Councillor O'Donnell raised concern that we are 3 months in to the financial year and the savings achieved are low given the challenge and suggested a sense of déjà vu. He sought assurance as to the confidence in being able to deliver the required savings.
48. The Chief Financial Officer advised that when you look at savings we are required to make against council, we are progressing more significantly than on the NHS and that a very prudent approach has been taken in terms of the RAG rating, to err on the side of caution. She advised that we are one quarter through the year and have achieved 27%. In terms of the Supporting People Framework, the Chief Financial Officer recognised that savings against adults is proportionally lower as the initial focus of the reviewing capacity has been within care at home. It was confirmed that a dashboard has been developed which will be shared at the IJB in August.
49. The Chief Financial Officer went on to say that she does not know if we will over recover to the planned extent but stated that we absolutely have to deliver the level savings required to balance the budget, recognising we are still facing demand pressures.
50. The Chief Officer added that investment from the Council has allowed us to increase our review capacity to help support savings and the review work for adults will significantly increase once care at home reviews are complete. She went on to add that we continue to have huge demand and complexity in the service and we can only reduce support so far before we will need further investment.
51. The Chief Officer concluded that the Supporting People Framework and delivery of other savings remains an absolute priority for her management team.
52. The Board
  - a) Approved the revised Medium Term Financial Plan
  - b) Agreed to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board

- c) Thanked the team

## **(10) ANNUAL PERFORMANCE REPORT**

- 53. The Policy, Planning and Performance Manager presented the 8th Annual Performance Report which had been scrutinised by Performance and Audit Committee prior to this meeting.
- 54. The report provides detailed performance trends and examples of work undertaken and recognises the innovative and collaborative working with the third and independent sectors. The final report will be published by 31<sup>st</sup> July 2024.
- 55. Councillor O'Donnell noted that considering the financial pressures, this was a really good report with lots to be proud about. He added that the majority of inspection report results were also pleasing to see.
- 56. The Chief Officer confirmed that Performance and Audit Committee had made similar comments and whilst this is a remarkably positive report, she advised we are anxious that the significant reduction in services and grant funding will impact future reports, particularly, 2024/25.
- 57. In relation to absence, she noted that performance is improving within the Council workforce. The focused absence panels within care at home have been successful and we are continuing with additional resource to allow us to target other teams with high absence. She reiterated that a meeting is planned to review NHS absence.
- 58. Finally, Board members acknowledged how case studies brought the annual report to life and:
  - a) Approved the report and its submission to the Scottish Government by the deadline of 31 July 2024
  - b) Agreed that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

## **(11) THE NATIONAL NEURODEVELOPMENTAL SPECIFICATION**

- 59. The Chief Social Work Officer presented the National Neurodevelopmental specification, noting that there has been an increase in children and young people presenting with ADS (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) in schools and across services which support young people. There are currently 590 young people awaiting assessment.
- 60. The aim of developing the new neurodiversity pathway is to separate children's needs to better support them and GIRFEC (Getting it Right for Every Child) and whole system holistic support is referenced in the report. He noted that East Renfrewshire has strong working relationships with partners and approaches such as utilising the promise whole family fund to support children and young people in a variety of settings.
- 61. Work is ongoing to strengthen the transition period for young people and children and adult services are working closely to provide greater clarity and understanding for children, young people and their families.

62. The Chief Social Work Officer concluded that we remain committed to developing the pathway with partners and stressed the whole partnership working across education, the health board and local third sector partners.
63. The Chair thanked the Chief Social Work Officer for a great report
64. Councillor O'Donnell also welcomed the report, noting the complexity of creating a service with different partners. He noted that the time to diagnosis is a real challenge. He feels this is a priority given the pressure and angst experienced whilst waiting, and would welcome anything that can be done to accelerate this.
65. Councillor Bamforth asked about the impact of private psychiatrists and whether we are treating those who have a private diagnosis the same as those with an NHS diagnosis. The Clinical Director advised that NHS guidance has been refreshed and it describes situations where patients have sought assessment and diagnosis privately and wish to transfer to NHS shared care and there is pathway guidance for GPs. She added there are differences between adult and child services, and is conscious of delays and their impact.
66. The Head of Adult Services: Learning Disability and Recovery also advised that we will be able to look at these pathways as part of transitions work. In both cases, any patient still has to be referred into team before medication will be dispensed. The transitions work will help us to focus on difference across landscape and explore how we close the gap.
67. The Chair noted that that this was a good example of team work.
68. The Board noted the progress and development of the service and the challenges therein.

## **(12) FINANCE AND POLICY IMPLICATIONS FOR FOSTER CARE, KINSHIP AND ADOPTION IN RELATION TO THE SCOTTISH RECOMMENDED ALLOWANCES (SRA)**

69. Councillor Pragnell temporarily left the meeting given her declaration of interest in this item.
70. The Chief Social Worker introduced the paper noting that Board members will recall the proposal last August where new rates were approved by the Board.
71. The Scottish Government then implemented the new Scottish Recommended Allowance (SRA) for foster carers shortly after this in an attempt to bring parity for all children and young people across Scotland. Since then we have undertaken work to ensure we are best supporting carers. He confirmed additional funding been provided to allow us to backdate payments to April 2024.
72. The Chief Social Work Officer reminded the Board that we have no children's homes or residential facilities in East Renfrewshire and our foster carers are our dedicated resource to support children and young people, providing a caring role in their own communities.
73. Councillor O'Donnell asked for clarification as to why there were difference for the fees between continuing care and supported care for those over 16. The Senior Manager Intensive Services and Justice explained that there are difference between children moving from foster care to continuing care, and supported care, such as unaccompanied children. In terms of the cost difference, this is based on the allowance element, with the



continuing care allowance higher than the supported care. The national rates set by Scottish Government only apply to the child allowance.

74. The Chair queried whether children make contribution from benefits and it was confirmed that this would be considered as part of a child's review and that often foster carers ask for a contribution which is then put into savings for when the child leaves care.
75. The Board:
  - a) Recognised the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
  - b) Approved the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA)
  - c) Approved the Continuing Care and Supported Care allowances

### **(13) EAST RENFREWSHIRE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING SURVEY 2023/24**

76. The Chief Officer presented East Renfrewshire Alcohol and Drug Partnerships annual reporting survey and advised that the Scottish Government have stipulated that surveys must be approved by IJBs prior to submission.
77. The Board approved the 2023-24 Survey 2023-24 for submission to the Scottish Government.

### **(14) DELAYED DISCHARGE POSITION**

78. The Head of adult Services: Communities and Wellbeing presented an update on the delayed discharge position, noting that there has been no change to where are ranked for our standard delays and remain second in Scotland. For Code 9 delays (AWI) we are 9<sup>th</sup> in Scotland, and 2<sup>nd</sup> in GGC. At the last update to IJB it was noted this was higher than usual, and whilst this has reduced it is still higher than normal.
79. We continue to manage care at home delays well and are able to get people home as quickly as possible. The focus is on discharge without delay and we get 98% of people home without any delay.
80. As at today there are 11 people currently delayed.
81. We are seeing a slight trend in an increase of people moving to residential care. This is mainly due to complexity of need with much frailer individuals unable to return home. We will continue to monitor this.
82. We are still seeing around 50-60 people being referred from acute to our home from hospital or care at home team each week and this includes those with very complex care needs.
83. We are managing significant risk in the community with 125 individuals waiting on new or increased care packages. These are continually reviewed and all fall within substantial and critical.

84. The Chief Officer noted that there is a real focus from a Scottish Government perspective and the CRAG, which meets weekly, have recently produced some data where East Renfrewshire were categorised in the 'need to maintain current performance'. The Chief Officer did point out that it is difficult to see how we can maintain current performance when our care at home budget is overspent.
85. Overall, we are performing reasonably well nationally and the majority of HSCPs within GGC are also in maintain current performance category.
86. The Chair noted that it is important we continue to receive this update at IJB meetings.

#### **(15) INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP**

87. The Chief Officer presented a short paper on the membership of both the Integration Joint Board and Performance and Audit Committee. As set out in the Integration Scheme, the lead members for NHS GCC and ERC hold their positions as Chair and Vice Chair of the Integration Joint Board for a two year period before switching.
88. This change also coincides with both The Chair and Jacqueline Forbes completing their 8 year term of office on the health board, therefore Councillor Pragnell will take on Chair of the IJB, with Mehvish Ashraf as Vice Chair, in her newly appointed role as the lead NHS GGC member for East Renfrewshire. Mehvish will also chair Performance and Audit Committee, with Councillor Pragnell as Vice Chair.
89. The Chief Office confirmed that appointments had been made by the Health Board at its meeting of 25<sup>th</sup> June and was delighted to confirm that Martin Cawley and Cath Cooney would be joining East Renfrewshire IJB.
90. The Chief Officer went on to thank Anne Marie Monaghan and Jacqueline Forbes for their commitment and energy to the IJB and associated sub committees and wished them well for the future. She went on to recognise what a brilliant chair Anne Marie had been, providing support and also challenge. Jacqueline's great attention to detail is second to none.
91. Those on the meeting echoed the comments of the Chief Officer.
92. The Chair closed the meeting advising it had been a pleasure and commenting on the great leadership and amazing extent of collaborative working with the 3<sup>rd</sup> sector, having never seen anything like it elsewhere, with best wishes to all.

END